PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
						10/550,016-Conf. #8054			
FEE TRANSMITTAL						July 24, 2006			
For FY 2008						Toyoki KUNITAKE et al.			
Applicant claims and earth, data, Co. 27 OFD 4 07						R. Patel			
Applicant claims small entity status. See 37 CF		T		Art Unit		2812			
TOTAL AMOUNT OF PAYMENT (\$) 120.00		0	Attorney Docket No.		2870-0305PUS1				
METHOD O	F PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	No		please identi				
x Deposit A	ccount Deposit Account	Number: 02	2-2448	Deposit	Account Name	Birch, Stewa	rt, Kolas	ch & Birch,	
For the	above-identified depo	osit account, the	Director is	hereby authorize	ed to: (che	ck all that apply)			
x	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
	Charge any additional : ee(s) under 37 CFR 1.		yments o	f x Credit	any overp	ayments			
FEE CALCU	LATION								
1. BASIC FILIN	IG, SEARCH, AND E	XAMINATION FI	EES						
A		LING FEES Small Entity		ARCH FEES Small Entity		NATION FEES Small Entity	F D !! (4)		
Application T Utility	<u>ype </u>	<u>Fee (\$)</u> 155	<u>Fee (\$</u> 510	Fee (\$) 255	Fee (\$)	Fee (\$)	Fees	Paid (\$)	
Design	210	105			210	105			
Plant	210	105	100 310	50 155	130	65 80	-		
Reissue	310	155	510	255	160 620	80 310	-		
Provisional	210	105	0	0	020	0			
2. EXCESS CL		103	Ü	U	U	U		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim ove				50	25				
Each independe				210	105				
Multiple depen	dent claims						370	185	
Total Claims	Claims Extra Claims Fee (\$) Fe		Fee P	Paid (\$) Multiple Dep		ultiple Depende	ndent Claims		
HP = highest num	- =) nber of total claims paid for	if greater than 20.			<u>Fe</u>	<u>e (\$)</u>	ee Paid (<u>\$)</u>	
Indep. Claims Extra Claims Fee (\$)		Fee P	'aid (\$)						
	- = >								
	nber of independent claims	paid for, if greater th	an 3.						
listings und	on SIZE FEE ation and drawings ex der 37 CFR 1.52(e)), to action thereof. See 3	the application si	ze fee du	e is \$260 (\$130 f	onically fil or small er	ed sequence or ntity) for each ac	computer Iditional 5	0	
Total Sheet	<u>Extra Sheets</u> - 100 =			dditional 50 or frac			<u>Fee</u>	Paid (\$)	
4. OTHER FEE				(Hallibor)	·	Fees	Paid (\$)	
Non-English	Specification, \$130) fee (no small ei	ntity disco	ount)					
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.								20.00	
SUBMITTED BY									
Signature	MN	Q_{-}		Registration No. (Attorney/Agent)	36,623	Telephone	(858) 35	6-5959	
Name (Print/Type)	Mark J. Nuell		L	(Ciromey/Agent)	<u></u>	Date		0 8 2007	
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